

phrasing of all letters that might conceivably be read in court, and she drew on her experience with the borough surveyor when the recently erected extension to the surgery premises was being planned.

Staff Appointments

Engagement of staff is managed by Mrs. A down to the final stages, where her doctors are asked to approve or veto an appointment. Locums to cover holidays are not a big problem; the vocational trainees apparently think as well of the partners as these do of their trainees, and friends or acquaintances are readily forthcoming. If not, a note on the local hospital boards is effective. Mrs. A believes advertisements must be carefully planned; she does not want a flood of unsuitable applicants, all of whom must be answered, but a few well-qualified persons from whom to make a selection. Mrs. A agrees with the hospital medical secretary that it is the "medical" part that is important in the title; a lot of women who cannot face nursing would like to work in a medical context, but underestimate the degree of professionalism required, and picture themselves as sitting in the doctor's office knitting and listening to true life stories.

Mrs. A was asked what she thought about a country doctor's statement I had heard recently that practice managers were a device for coming between doctors and their patients, and she said she saw that there could be situations in which this was true. It could easily arise if the manager tried to run the receptionist's business with too much insistence on a rigid timetable, and in its interests diverted patients from the person they needed or wanted. She felt there was no possibility of that happening in their practice, not only because she would not be temperamentally prone to it, but because of the spirit of the practice, which was a policy of ensuring that everyone saw the doctor of his or her own choice, who is known to the patient. (Not like hospitals, says Mrs. A, where most patients have no idea of the name of the doctor doing the examination or giving treatment.)

Nobody is ever told that the doctor he wants to see is fully booked; he is asked if he needs help today, or if he would prefer to wait until his own doctor is available. This policy seems to have been built into the practice from its early days, and Mrs. A would not employ anyone who could not enter fully into this. A certain amount of eccentricity is tolerated; for instance, a few women consult a male doctor for com-

plaints above the waist, and a female one for those below. There are a very few private patients, but it is easy to reconcile the expectations of the private patient with the needs of a very large practice.

Ideal Practice Size

When asked if there is an upper limit to the desirable size of a practice, Mrs. A is sure there is, though this may vary with circumstances. In her case, she feels that seven partners would be the top number if all are to be part of one group, rather than one of a subgroup. A practice of this size is like a small business, and the introduction of an extra member of staff merits serious consideration on economic grounds, to decide whether increased production or better service or working conditions are likely to result. Neither is it easy to maintain a common policy and spirit within a group above a certain size. Success brings its problems.

The post of practice manager is a comparatively new one, and one is tempted to wonder if there could be any further developments on these lines. Mrs. A is not able to see any, except that more men will come in at the top level, as posts with higher financial rewards become available. She herself is conscious that better managerial techniques can be applied—for instance, she feels that a serious defect in the present organization of her work is that she is indispensable. It is hard to get away on holiday; she works very hard beforehand, trying to get work done in advance, and still harder when she returns at making up the backlog. She wonders sometimes what would happen if she had an accident. There are certain areas which are potentially self-supporting, but no one to take over her co-ordinating functions. Even when she has a full-time medical secretary to help her, her problem will not be completely solved.

Mrs. A receives £1,664 a year. Salaries of medical secretaries and practice managers are influenced by hospital awards, in which, as we have seen, the medical secretary is not distinguished from other types. Salary ranges are suggested by the Association of Medical Secretaries, but this organization is almost entirely concerned with training and qualifications. No mention is made in its objects of promoting the economic wellbeing of its members and any suggestion of its being a trade union is specifically disclaimed. There are few male secretaries, and the arrival of men among the practice manager indicates that salaries are available that will attract them.

Any Questions?

We publish below a selection of questions and answers of general interest

Allergy to House Dust Mite

*How much is known of the life cycle of *Dermatophagoides pteronyssinus*? Can it be isolated in sufficient quantity for desensitization extracts to be prepared? Work is in progress on this abroad; is any material available in the British Isles?*

Information on the life cycle of *Dermatophagoides pteronyssinus* is given in the monograph by Voorhorst, Spijksma, and Varekamp¹ and in the annual reports of the Pest Infestation Laboratory, Slough,^{2,3,4} where studies of the biology and ecology of this and of the related species *Dermatophagoides farinae* are in progress. Owing to the greater ease of culture and more rapid development of the latter species, which Pepys *et al.*⁵ stated was allergenically comparable to *D. pteronyssinus*,

D. farinae has been widely used in experimental studies and extracts of this species have been available for clinical use since 1970.

Work is in progress in the laboratories of a major British pharmaceutical company on the preparation of *D. pteronyssinus* extracts and it is expected that such material will become available shortly.

¹ Voorhorst, R., Spijksma, T. Th. M., and Varekamp, H., *House-Dust Atopy and the House-Dust Mite*, Leiden, Stafleu, 1969.

² Agricultural Research Council, *Report of the Pest Infestation Laboratory*, London, H.M.S.O., 1969.

³ Agricultural Research Council, *Report of the Pest Infestation Laboratory*, London, H.M.S.O., 1970.

⁴ Agricultural Research Council, *Report of the Pest Infestation Laboratory*, in press, 1971.

⁵ Pepys, J., Chan, M., and Hargreave, F. E., *Lancet*, 1968, 1, 1270.